

01-12-05

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

or Fax (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23690 7590 11/30/2004

**Roche Diagnostics Corporation**  
**9115 Hague Road**  
**PO Box 50457**  
**Indianapolis, IN 46250-0457**

01/18/2005 GWORDDF2 00000152 022958 09943411

|            |            |
|------------|------------|
| 01 FC:1501 | 1400.00 DA |
| 02 FC:1504 | 300.00 DA  |
| 03 FC:8001 | 15.00 DA   |

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

EV42110691US

Certificate of Mailing or Transmission **Express Mail**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for **first class mail** in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

*Michele R. Wilson*

(Depositor's name)

*Michele R. Wilson*

(Signature)

*January 11, 2005*

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/943,411      | 08/30/2001  | Dieter Heindl        | RDID0096US          | 7807             |

TITLE OF INVENTION: REAGENT FOR LABELLING NUCLEIC ACIDS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$300           | \$1670           | 02/28/2005 |

| EXAMINER            | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| HANLEY, SUSAN MARIE | 1651     | 536-022100     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Marilyn Amick

2 Roche Diagnostics  
Operations, Inc.

3: ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Roche Diagnostics Operations, Inc.

Indianapolis, IN U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 5

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2958 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Marilyn Amick*

Date 1/11/05

Typed or printed name

Marilyn L. Amick

Registration No. 30,444

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# FEES TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 1,670.00)

**Complete if Known**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 09/943,411      |
| Filing Date            | August 30, 2001 |
| First Named Inventor   | Dieter HEINDL   |
| Group Art Unit         | 1651            |
| Examiner Name          | Susan M. Hanley |
| Attorney Docket Number | RDID0096US      |

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number 23690 Deposit Account Name Roche Diagnostics

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       |                |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | _____          |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Fee (\$)** **Small Entity Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
|--------------|--------------|----------|---------------|---------------------------|

-20 or HP =                  x                  =                   
 (HP = highest number of total claims paid for, if greater than 20)

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|----------|---------------|
|---------------|--------------|----------|---------------|----------|---------------|

-3 or HP =                  x                  =                   
 (HP = highest number of independent claims paid for, if greater than 3)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

22 -100 = 0 / 50 =                  (round up to a whole number) x                  =                 **Fee Paid (\$)****4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other: Issue Fee and Publication Fee

\$1670.00

**SUBMITTED BY:**

|                    |                  |                                       |        |            |                |
|--------------------|------------------|---------------------------------------|--------|------------|----------------|
| Name (Print/Type): | Marilyn L. Amick | Registration No.:<br>(Attorney/Agent) | 30,444 | Telephone: | (317) 521-7561 |
| Signature:         | Marilyn Amick    |                                       |        | Date:      | 1/11/05        |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Express Mail Label No.: EV42106691US

|                    |                |
|--------------------|----------------|
| Name (Print/Type): | Michele Wilson |
|--------------------|----------------|

|            |                |
|------------|----------------|
| Signature: | Michele Wilson |
|------------|----------------|

Date:

January 11, 2005